

The Patient Protection and Affordable Care Act

What does this mean for us?

Charlie Mishek, MA, LP, LADC
Department of Human Services
Alcohol and Drug Abuse Division
May 24, 2013

Healthcare Reform

**Insurance
Reform**

**Coverage
Expansion**

**Delivery
System
Redesign**

**Payment
Reform**



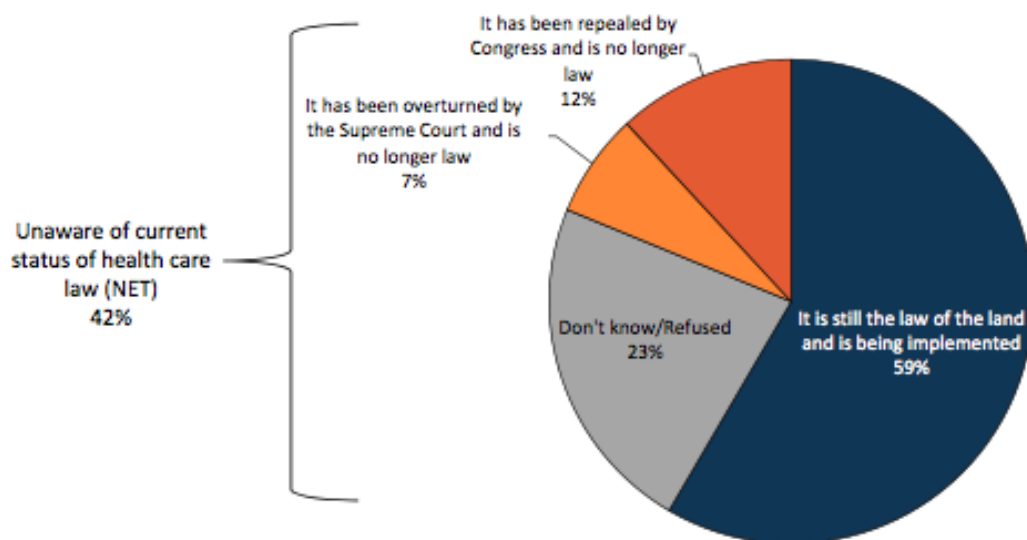
The reform continuum

What do YOU know about
Healthcare Reform?

What do we all know?

Four in Ten Unsure Whether ACA Remains Law of Land

As you may know, a health care bill was signed into law in March 2010. As far as you know, which comes closest to describing the current status of the health care law?



SOURCE: Kaiser Family Foundation Kaiser Health Tracking Poll Omnibus Supplement (conducted April 18-21, 2013)



True or False?

- Under healthcare reform, you can get as sick as you want as often as you want, because health insurance companies will no longer be able to implement yearly or lifetime spending caps on your healthcare.

True or False?

- Starting in 2014, most Americans will have to have a minimum amount of health insurance, or they will have to pay a penalty of \$695 or 0.5% of household income, whichever is greater.

True or False?

- Health insurance companies will have the ability to choose which preventive services they will cover in their insurance plans, such as depression screening, alcohol misuse counseling, and diabetes screening.

True or False?

- Much like it is today around the country, under healthcare reform, low-income adults that do not have children or disability will not be eligible for Medicaid coverage.

Health Reform Hits Main Street Video

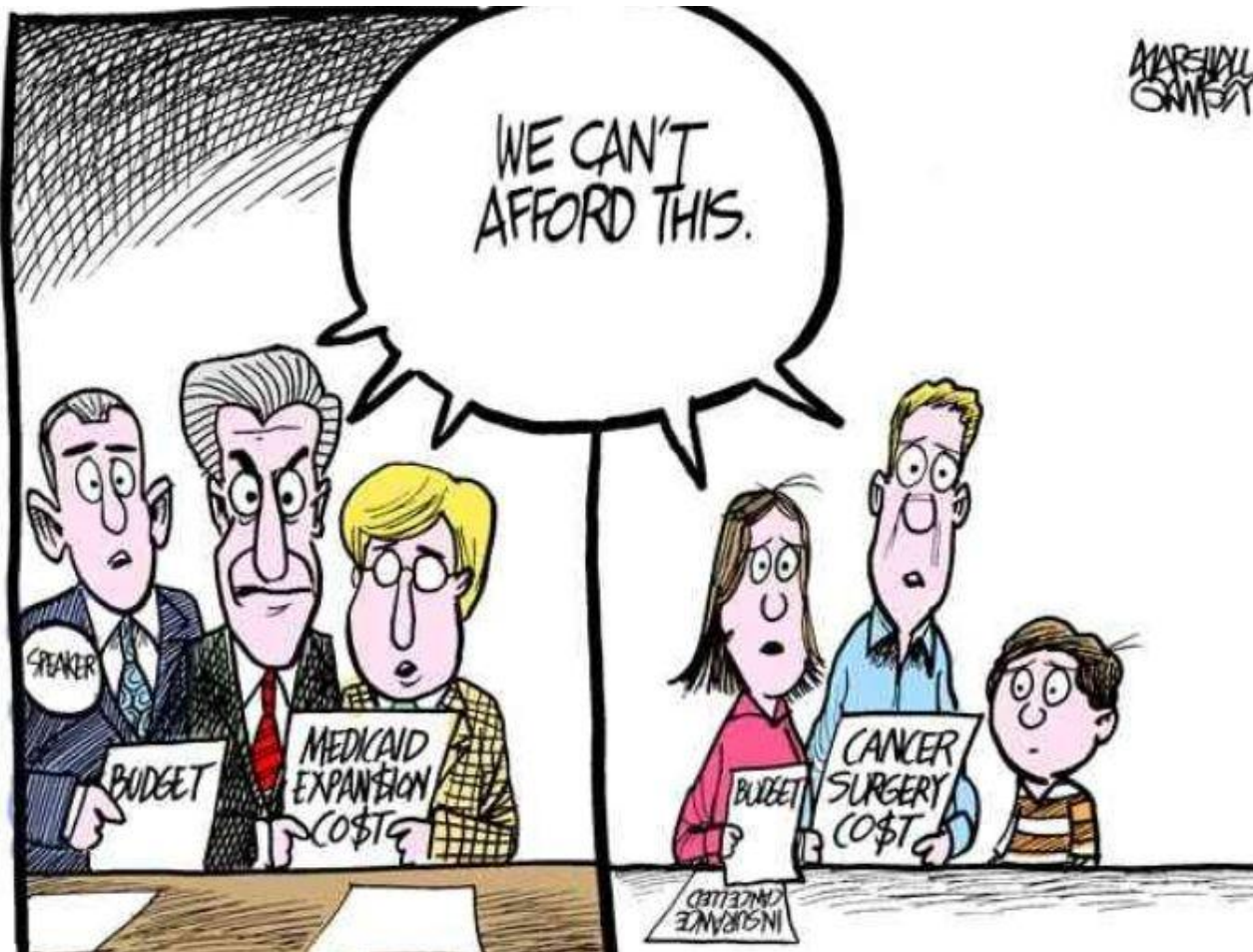
Kaiser Family Foundation

<http://healthreform.kff.org/the-animation.aspx>

Insurance Reform

- Lifetime caps, Pre-existing conditions
- 2/3 of personal bankruptcies are linked to illness & medical bills
- Twice as likely to delay or forego care until the condition is serious and costly
- Large disparities by race and ethnicity (1.5 to 3 times higher rate uninsured)
- Of small employers (1-49 emp), only 38.5% offered coverage @ 18% higher for same plan offered to large employers
- Uninsured 3x more likely to be unable to pay for basic necessities due to medical problems than insured

Why do we need this?



Coverage Expansion

- No Insurance (in 2011 almost 10% of MN)
- Healthcare is the single largest category of government spending
- Increases in costs not sustainable
- Expansion of Medicaid
- Essential Health Benefit(s)
- Health Care Exchanges- about 20% of state
- Tax credits to small employers

Delivery System Redesign I

- “Parity” (PWPDMHPAEA)
 - In conjunction with the ACA, it profoundly alters the way we must view and provide healthcare
- Screening- intervening early
 - If we waited until limbs needed to be amputated due to diabetes to treat it-!!
 - Why do we wait until psychosis or severe addiction before there is coverage for services?
- Health Homes, Behavioral Health Homes
 - Integrated care is better care
 - More economical
 - Longitudinal, more engaged

Delivery System Redesign, II

- Model of Care Report(improving the Continuum)
 - Access SUD treatment directly
 - Improve assessment process
 - Multiple points of entry
 - Care Coordination & Continuing Care
 - Increase diversity and capacity of SUD Workforce
 - Adoption of electronic health records by SUD programs
 - Use of telehealth to support TX and recovery support strategy

Payment Reform

- Medicaid Expansion
- Health Insurance Exchanges
- Individual Mandate
- Employer-sponsored health insurance and tax credits
- Expansion of providers eligibility
- Workforce development
- Use of HIT to improve care.

Overarching Goal of Health Care Reform

“Triple Aim”

- Provide an Excellent Patient Experience
- Provide High Quality Care
- Do This in a Cost Effective Way

Treatment access and availability

- Definition of “treatment”
 - Changes from episodic to longitudinal
 - Getting someone “in” to treatment
 - Immediate assessment
 - Immediate access
- SBIRT
 - Screening
 - Brief Intervention
 - Referral to Treatment



Access

- Often driven by funding issues in past
- May require a prior authorization
- Funding sources may change during treatment
 - “medical necessity”
- Counties have been intimately involved
 - Health care and social services are not the same
 - Role in future will focus on the social services

Care Coordination & Continued Care

- Chronic conditions require ongoing care
- Recovery is possible with appropriate aid, case management even while in treatment
- Recovery support services are beginning to become available
 - Telephonic
 - Recovery Coaching
 - Recovery Community Organizations

Capacity and Diversity of Workforce

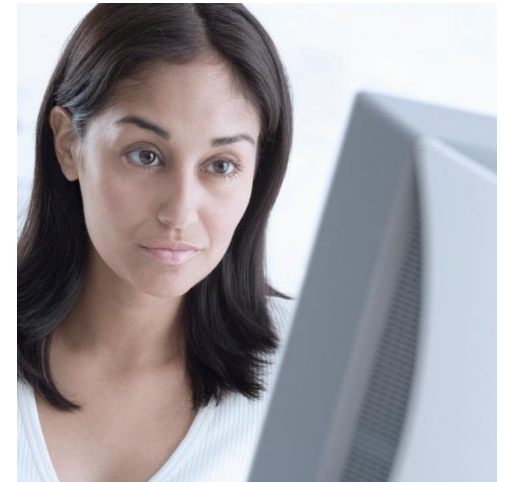
- ACA will increase coverage and people eligible for care currently uninsured
- Up to 54,000 more Minnesotans could need tx
- Labor force is slowly growing
 - Diversity remains a challenge
 - Especially in languages
 - Level of credential will need to advance
- Need to meet client/patient where they are
 - MDs office, Health care facility (Hosp, TCU)
 - Court
 - Correctional facility
 - School

Electronic Records

- Coordinated care is enhanced by EMR
- All large healthcare systems already have
- Mandated by State law for all providers
1/1/15
- Many small providers do not have
- Many systems do not talk to each other
- HIPAA; CFR42, part 2; Data privacy
- Health home registries could be a start

Telemedicine

- Telemedicine vs. Telehealth
- Already widely used nationally for medicine
- Currently prohibited for SUD treatment in MN
- Obvious way to provide improved access in greater MN
 - For DWI offenders
 - For those with no transportation
 - Childcare issues, medical issues



Telehealth

- Already being used in 16 states, with 8 further states pending law changes
- Very popular in rural and western states
- NY probation project
- NIATx project (3 locations)
- HIPAA concerns
 - Telephones vs texting
 - Recording of sessions



Healthcare Reform for Substance Use Disorders

- Model of Care report- pilot projects in 3 areas across the state
- Goal is to implement a longitudinal model of health care for SUDs
 - Improved access to care and assessments
 - Integration with medical and mental health
 - Use of case management and recovery support services throughout course of care
 - Use of telemedicine/telehealth
 - Evaluation of outcomes

Questions?

- Many still exist
- This is a major reform of our system of care for substance use disorders
 - Will take time
 - Will require collaboration
 - Will eventually achieve the “Triple Aim”